

SYN. NO. 116

AGN. NO. 32

MOTION BY SUPERVISOR DON KNABE

June 4, 2002

As a result of my motion and this Board's action of February 5, 2002, we now have before us, a good plan to fulfill our strong commitment that no baby in Los Angeles County should be discarded or abandoned. Not one. Not ever.

For this, we owe a great debt of thanks to the Children's Planning Council, its Safe Haven Task Force, and all the individuals and agencies that contributed to the effort. Through their work we now know much more about the complex issues surrounding the serious problem of newborn abandonment.

The Task Force recommendations employ the prevention-oriented approach requested by the Board. They also emphasize public-private and community partnerships, recognizing that this problem can be only solved if government, private organizations and communities work together to support and strengthen families and to see that each and every child is born healthy and kept safe.

By adopting these recommendations today, the County of Los Angeles takes an

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KNABE _____

ANTONOVICH _____

YAROSLAVSKY _____

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important step forward in protecting the well being of children and families. Another important step will be taken when the Chief Administrative Officer reports back in 60 days, as the Children's Planning Council recommends, with ideas to fund the Task Force recommendations. But there is more that we can and must do, starting right now, to bring the Task Force's good work to full fruition.

First, ongoing staff responsibility within the County for this interdepartmental implementation effort must be clearly assigned. Secondly, progress on actions that can be undertaken with existing resources should start now. Seven of the twelve recommendations appear to be achievable with existing resources. Some headway should be possible with three more. Finally, this Board needs to receive periodic progress reports and give continuing attention to this priority.

I, therefore, move that the Board:

1. Approve the Children's Planning Council's proposal to adopt the twelve Safe Haven Task Force recommendations and instruct the CAO to report back with funding proposals 60 days after receiving implementation plans;
2. In addition:
 - a. Designate the Chief Administrative Office as the lead County Department for purposes of staffing this effort and instruct the CAO to continue to coordinate efforts through the Children's Planning Council and the Interagency Council on Child Abuse and Neglect (ICAN);

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- b. Instruct all appropriate appointed County Department Heads and request the District Attorney, Sheriff, Children's Planning Council, the Interagency Council on Child Abuse and Neglect and the Los Angeles County Children and Families First – Proposition 10 Commission to continue their collaborative effort. This should start with proposals to designate a Los Angeles County Safe Haven month sometime this year or early next; and to conduct during that month, an educational symposium on safe haven issues for public and private providers, educators, researchers, community and religious leaders and other interested parties. The proposal for the symposium should show how sponsoring grants, participation fees, and existing resources will fund the program;
- c. Instruct the CAO to report back on the status of each task force recommendation not later than September 30, 2002 and at the end of each quarter thereafter. The first report should emphasize what has already been accomplished or initiated within existing resources to inform County staff, County contractors and the public regarding the safe haven law and about where and how newborn children can be safely surrendered in Los Angeles County.
- d. Instruct the CAO, as part of the legislative advocacy recommended by the task force, to encourage legislative authority for pilot projects based on innovative programs such as the one at Pomona Valley Medical Center.

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RE:gr

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MINUTES OF THE BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Violet Varona-Lukens, Executive Officer
Clerk of the Board of Supervisors
383 Kenneth Hahn Hall of Administration
Los Angeles, California 90012

Chief Administrative Officer
Chief Information Officer
Director of Children and Family Services
Director of Health Services
Director of Internal Services
Director of Mental Health
Director of Personnel
Fire Chief
Acting County Superintendent of Schools

At its meeting held June 4, 2002, the Board took the following action:

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The following item was called up for consideration:

The Children's Planning Council's attached recommendation to approve recommendations to more effectively implement the Newborn Abandonment Law (SB 1368); instruct the Chief Administrative Officer, in partnership with the Children's Planning Council, the Interagency Council on Child Abuse and Neglect, and County departments, to identify public and private funding opportunities for each of the Safe Haven recommendations that require additional funding; and report back to the Board within 60 days of the receipt of the implementation plan for each recommendation.

Yolie Flores-Aguilar, Executive Director of the Children's Planning Council, the Reverend Kathy Cooper-Ledesma of the California Council of Churches, Cynthia Harding, Director of Maternal Child and Adolescent Health Programs and Rita Saenz, Director of the California Department of Social Services, addressed the Board.

(Continued on Page 2)

Supervisor Knabe made the following statement:

"As a result of my motion and this Board's action of February 5, 2002, we now have before us, a good plan to fulfill our strong commitment that no baby in Los Angeles County should be discarded or abandoned. Not one. Not ever.

"For this, we owe a great debt of thanks to the Children's Planning Council, its Safe Haven Task Force, and all the individuals and agencies that contributed to the effort. Through their work, we now know much more about the complex issues surrounding the serious problem of newborn abandonment.

"The Task Force recommendations employ the prevention-oriented approach requested by the Board. They also emphasize public-private and community partnerships, recognizing that this problem can be only solved if government, private organizations and communities work together to support and strengthen families and to see that each and every child is born healthy and kept safe.

"By adopting these recommendations today, the County of Los Angeles takes an important step forward in protecting the well being of children and families. Another important step will be taken when the Chief Administrative Officer reports back in 60 days, as the Children's Planning Council recommends, with ideas to fund the Task Force recommendations. But there is more that we can and must do, starting right now, to bring the Task Force's good work to full fruition.

"First, ongoing staff responsibility within the County for this interdepartmental implementation effort must be clearly assigned. Secondly, progress on actions that can be undertaken with existing resources should start now. Seven of the twelve recommendations appear to be achievable with existing resources. Some headway should be possible with three more. Finally, this Board needs to receive periodic progress reports and give continuing attention to this priority."

(Continued on Page 3)

Syn. 116 (Continued)

After discussion, on motion of Supervisor Knabe, seconded by Supervisor Burke, unanimously carried, the Board took the following actions:

1. Adopted the Children's Planning Council's 12 recommendations as described in Attachment A in the Safe Haven Task Force's Report;
2. Instructed the Chief Administrative Officer, in partnership with the Children's Planning Council, the Interagency Council on Child Abuse and Neglect, and County departments to identify public and private funding opportunities for each of the Safe Haven recommendations requiring additional funding and report back to the Board within 60 days of the receipt of the implementation plan for each recommendation;
3. Designated the Chief Administrative Office as the lead Department for purposes of staffing this effort, and instructed the Chief Administrative Officer to continue to coordinate efforts through the Children's Planning Council and the Interagency Council on Child Abuse and Neglect (ICAN);
4. Instructed appropriate Department Heads, and requested the District Attorney, Sheriff, Children's Planning Council, the Interagency Council on Child Abuse and Neglect and the Los Angeles County Children and Families First – Proposition 10 Commission to continue their collaborative effort, starting with proposals to designate a Los Angeles County Safe Haven month sometime this year or early next; and to conduct an educational symposium on safe haven issues for public and private providers, educators, researchers, community and religious leaders and other interested parties, during Safe Haven Month, with symposium to show how sponsoring grants, participation fees, and existing resources will fund the program;
5. Instructed the Chief Administrative Officer to report back to the Board on the status of each task force recommendation no later than September 30, 2002, and quarterly thereafter, with first report to emphasize what has already been accomplished or initiated within existing resources to inform County staff, County contractors and the public regarding the safe haven law and about where and how newborn children can be safely surrendered in Los Angeles County; and

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Syn. 116 (Continued)

6. Instructed the Chief Administrative Officer, as part of the legislative advocacy recommended by the task force, to encourage legislative authority for pilot projects based on innovative programs such as the one at Pomona Valley Medical Center.

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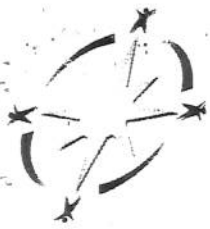
Attachment

Copies distributed:

Each Supervisor
County Counsel

Letters sent to:

District Attorney
Sheriff
Executive Director, Children's Planning Council
Executive Director, Interagency Council
on Child Abuse and Neglect
Los Angeles County Children and Families First –
Proposition 10 Commission



Los Angeles County
Children's Planning Council
Improving Children's Lives

June 4, 2002

Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**REQUEST TO ADOPT THE CHILDREN'S PLANNING COUNCIL'S
RECOMMENDATIONS FOR MORE EFFECTIVELY IMPLEMENTING THE
NEWBORN ABANDONMENT LAW (SB 1368)
(3 Votes)**

IT IS RECOMMENDED THAT THE BOARD:

1. Adopt the 12 recommendations described in Attachment A of this report for more effectively implementing the Newborn Abandonment Law (SB 1368).
2. Instruct the Chief Administrative Office—in partnership with the Children's Planning Council, the Interagency Council on Child Abuse and Neglect, and County departments—to identify public and private funding opportunities for each of the Safe Haven recommendations that require additional funding, and report back to the Board within 60 days of the receipt of the implementation plan for each of these recommendations.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

On February 5, 2002, the Board requested that the Children's Planning Council (CPC) convene a task force to develop a report with recommendations for more effectively implementing the Newborn Abandonment Law (SB 1368), often referred to as the "Safe Haven Law." The Board encouraged the task force to use a prevention-oriented focus that could achieve the goal of no babies ever being abandoned in Los Angeles County.

On March 5, the Board requested that the CPC include in its report a synthesis and analysis of what is known about women who have discarded their newborns, and a list

of relevant existing programs that could provide services and supports to these women and their families. You also requested that the CPC explore other states' safe-haven laws and determine their applicability to the Los Angeles County effort.

On April 30, the Board asked that the task force explore the appropriateness of implementing the Pomona Valley Hospital Medical Center's "Safe Surrender" model at County hospitals and fire stations; and that the Director of Health Services evaluate and report back to the Board within 30 days on the feasibility, costs, and steps necessary to implement the "Safe Surrender" model at County hospitals. Members of the task force will review the report when it is finalized and submit recommendations in a separate report to the Board by June 11.

The Board's interest in a prevention-oriented approach toward the implementation of the Safe Haven Law presents an extraordinary opportunity to encourage outreach and support for any woman who may be experiencing a crisis related to her pregnancy. It can also help to engage the community at large in responding to the needs of these women and their families.

Safe Haven Task Force

On March 6, 2002, the CPC convened the Safe Haven Task Force. A Resource Group joined with the Task Force to provide input and support. Attachment B shows the composition of these two groups. The Task Force was also informed by the March 2002 "Data on Abandoned Newborns: Los Angeles County, 1999–2001," which was prepared by the Department of Health Services for the Task Force in response to the Board's March 5 request. Attachment C is a copy of that report. Two experts in the field of pregnancy and childbirth presented the Task Force with research findings related to both the physical and psychosocial aspects of the childbearing experience, and Task Force members shared powerful stories of their own experiences with parents who had abandoned or safely surrendered their babies. The Task Force also reviewed a summary of other states' safe-haven laws.

What Did We Learn From the Data About Abandoned Babies?

An extensive review of relevant national surveys, international studies, existing data on babies abandoned in Los Angeles County in 2001, and local data on women considered "at risk" for abandoning their infants revealed the following about abandoned babies:

- The data reflects only those babies who were discovered (14 were reported in Los Angeles County in 2001), leaving the actual number of discarded infants unknown; the limited data and unique circumstances of these abandonments preclude estimating the actual number of babies abandoned annually in this county.

- Contrary to national data that shows a strong association between substance abuse and infant abandonment, few of the Los Angeles cases reviewed revealed such a connection.
- There is no clear, discernible set of demographics for mothers at risk; they represent all reproductive ages, all racial/ethnic groups, and various economic situations.
- However, there are some consistent situational characteristics among mothers who have abandoned their babies, including that they are:
 - Likely to be denying or concealing their pregnancies
 - Likely to lack a support system (familial, social, and/or community)
 - Unlikely to seek prenatal care

What Are the Implications of the Data?

Based on the data, findings from academic research, and their own expertise, Task Force members determined that there are no simple solutions to the problem of newborn abandonment. The Task Force recognized the need for a multi-faceted, long-term systemic effort that would target *all* women of childbearing age, with special attention given to pregnant women who are clinically depressed or in abusive relationships, have a history of abuse and neglect, live in financial deprivation, and/or do not seek or maintain regular prenatal care. This approach needs to overcome the challenge of reaching women who are in denial about or concealing their pregnancies and who may be socially isolated. For this effort to succeed, it will need to include outreach to the families and communities in which these women live.

This effort, as outlined in the Task Force recommendations, seeks to involve families, community, and County and community service and support program providers and policy-makers, with a focus on four priorities:

1. Strengthening the preventive aspects of the Safe Haven Law by advocating for legislative changes informed, in part, by other states' efforts to implement safe-haven laws
2. Expanding the range of Safe Haven Sites
3. Enhancing services to women of childbearing age and their families by educating providers about the dynamics of newborn abandonment and about the Safe Haven Law
4. Designing and implementing a widespread public information campaign in partnership with the State's efforts

IMPLEMENTATION OF STRATEGIC PLAN GOALS

These recommendations contribute to the achievement of County Strategic Plan Goal 5: Children and Families' Well-Being.

FISCAL IMPACT/FINANCING

The implementation of some elements of these recommendations will result in incremental costs to the County, while others will have start-up, implementation, and/or maintenance costs associated with them. The departments identified as responsible for implementing the recommendations will include cost analyses in the implementation plans they are being asked to submit to the Board.

To minimize costs, Task Force members envisioned leveraging resources through partnerships that would include the State, counties adjoining Los Angeles, community-based organizations, and the Los Angeles County Children and Families First-Proposition 10 Commission. They have also identified linkages with existing County efforts, such as using the soon-to-be-operational Countywide Web Portal to provide information regarding prevention and intervention services to women and families at risk for abandoning their babies.

The Chief Administrative Office, in consultation with the Children's Planning Council, is exploring alternative funding sources to help mitigate the fiscal impact to the County and our community-based partners. Outside funding sources could include grants from such organizations as the Proposition 10 Commission, the California Department of Social Services, private philanthropic organizations, and child-oriented corporations such as Gerber Baby Foods, McDonald's Foods, Mattel Toys, etc.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

None.

IMPACT ON CURRENT SERVICES

The Task Force has determined that these recommendations can be integrated with and enhance current service delivery practices at County and community sites—especially as they relate to the education of staff and the families they serve about the Safe Haven Law, and where and how to safely surrender a baby. By recognizing the need to support women who are in crisis regarding their pregnancies, and by mobilizing community involvement through improved public awareness of the Safe Haven Law, the concerted effort proposed by the Task Force provides a strong basis for achieving the Board's goal that no babies are discarded or abandoned.

The Children's Planning Council expresses its appreciation to the Board for the opportunity to convene on its behalf the work group that developed this report and recommendations. We also want to recognize all the members of the Task Force and the Resource Group for their dedication and commitment. We believe that this process of bringing government and community together to solve problems is exactly the type of coordinated effort that will help to improve the well-being of children and families in Los Angeles County.

Respectfully submitted,



Yvonne Brathwaite Burke, Chair
Los Angeles County Children's Planning Council

Attachments (3)

cc: ✓ Chief Administrative Office
Chief Information Office
✓ County Counsel
✓ Department of Children and Family Services
✓ Department of Health Services
Department of Human Resources
✓ Department of Mental Health
✓ District Attorney
✓ Fire Department
Internal Services Department
✓ Sheriff's Department
Los Angeles County Office of Education
✓ Inter-Agency Council on Child Abuse and Neglect

Attachment A
Safe Haven Task Force
RECOMMENDATIONS TO THE
LOS ANGELES COUNTY BOARD OF SUPERVISORS
Endorsed by the Task Force on May 9, 2002

RECOMMENDATION 1: Request the District Attorney and County Counsel—in consultation with the Children’s Planning Council (CPC), the Interagency Council on Child Abuse and Neglect (ICAN), the Hospital Association of Southern California (HASC), and other appropriate entities—to: (a) develop recommendations for amendments to the Newborn Abandonment Law–SB 1368 (“Safe Haven Law”) that can contribute to its more effective implementation, including: (1) assuring the confidentiality and exploring the potential for the anonymity of the parent, (2) requiring all hospitals with emergency rooms and all other designated Safe Haven Sites to post uniform identifying Safe Surrender Site markers, (3) considering extending the age of a newborn who can be safely surrendered from 72 hours to five days old, (4) expanding the designation of safe-surrender sites to include, at a minimum, hospitals without emergency departments and County fire stations, and (5) expanding the “Good Samaritan Law” to include adults who assist others to safely surrender their babies; and (b) work with the California State Department of Social Services (CDSS) and other California counties’ representatives on a State-convened task force to finalize a legislative package to effect these amendments to SB 1368.

An analysis of the Safe Haven Law reveals the need to clarify certain of its aspects related to safeguarding the confidentiality of parents who safely surrender their babies. There may also be opportunities to enhance the prevention aspects of the law. CDSS has invited Los Angeles County to participate with the State and other counties to develop a legislative package to work on amendments in both of these areas.

The Task Force is recommending that the legislative package include:

1. Confidentiality: Many women who abandon their babies have an overwhelming desire to keep their pregnancies a secret. One of the goals of the Safe Haven Law is to protect the identities of surrendering parents to encourage them to safely surrender rather than abandon their newborns. This is a key reason for the law’s provision for confidentiality and freedom from prosecution when a newborn is safely surrendered. Since children who are safely surrendered are eligible for adoption, the provisions for confidentiality in the Safe Haven Law need to be clarified related to other legal requirements for due diligence to determine the identities of parents when a child has been placed for adoption. While guaranteeing the confidentiality of the parent surrendering the newborn is essential, total

anonymity may compromise the rights of the child, the non-surrendering parent, or any other party with rights regarding the placement of a child for adoption. This aspect of the recommendation seeks to assure the confidentiality and explore the potential for protecting the anonymity of the surrendering parent without violating others' rights.

2. Uniform Site Designation Markers: Currently, there is no uniform Safe Haven Site designation marker. Markers with a simple logo unique to Safe Haven Sites and appropriate text would facilitate site identification and location.
3. Extending the Safe Surrender Period: Currently, the law allows for a parent to safely surrender a newborn within the first 72 hours of its life without fear of prosecution. This 72-hour provision may limit the time a mother has to recover from childbirth and for parents to make an informed decision about the baby. Given the complexity of the postpartum period, parents should be allowed up to five days to decide whether or not to safely surrender their child.
4. Expanded State Site Designation: Currently, only hospitals with emergency departments are designated by the law as Safe Haven Sites, which provides them with certain legal safeguards. Amending the State law to include hospitals without emergency departments, fire stations, and other appropriate sites will extend the Safe Haven Law's legal protections to additional sites, and help to expand access for safe surrenders.
5. Expanding Coverage of the "Good Samaritan Law": Fear of litigation may discourage some individuals from helping parents to safely surrender their babies. Extending the "Good Samaritan Law" to cover these "Good Samaritans" could increase the number of people willing to assist with safe surrenders, and facilitate implementation of the Safe Haven Law.

RECOMMENDATION 2: Consider designating the following public entities as Safe Haven Sites in Los Angeles County: (a) County and municipal fire stations, (b) County hospitals without emergency departments, (c) County health clinics, and (d) the County's Emergency Medical Teams (EMTs); and instruct the County Fire Chief and the Director of Health Services (DHS)—in consultation with the Sheriff, the Los Angeles County Police Chiefs' Association, and the Los Angeles Area Fire Chiefs' Association—to determine the feasibility of implementing these new Safe Haven Sites, including a timeline and cost considerations, and report back to the Board within 60 days.

Creating additional Safe Haven Sites is an essential element in the Task Force's recommended approach to improving access to places where parents may safely surrender their babies. Currently, only hospitals with emergency departments are State-designated sites. However, the Safe Haven Law allows the Board of Supervisors to designate additional Safe Haven Sites within the County.

The organizations named in this recommendation are included because they all have trained staff who can determine the physical condition of the baby and provide immediate medical care for the baby as well as for the mother. In addition, fire stations, hospitals without emergency departments, and EMTs are all available 24 hours a day, seven days a week. Although County health clinics are not always open, they are open according to regular schedules that are posted at all public entrances. The Task Force determined that these clinics' convenient locations within communities, their smaller size, and their greater accessibility would offset any drawback from their limited hours of operation.

By including EMTs among the Safe Haven Sites, members of the community who want to assist with a safe surrender would have a simple and safe way to do so. A Good Samaritan could call "911" on behalf of the parent, and wait with that parent until the EMT safely received the surrendered baby.

RECOMMENDATION 3: Request the Los Angeles County Children and Families First–Proposition 10 Commission (Prop 10 Commission)—in consultation with the directors of the departments of Children and Family Services (DCFS), DHS, Mental Health (DMH), Fire, the CPC, ICAN, LACOE, HASC, religious leaders, and other appropriate organizations, and in collaboration with local, regional, and State agencies—to: (a) develop and support the implementation of a regionally consistent Safe Haven Public Information Campaign that conveys a prevention-oriented message about California’s Safe Haven Law, and (b) identify ways to evaluate the effectiveness of that campaign.

Another fundamental part of the recommended approach is a broad-based public information campaign. The Task Force believes that one of the factors limiting the successful implementation of the Safe Haven Law is a general lack of knowledge about the law and where and how to safely surrender a baby. An important step to overcoming the problem of abandoned babies is building knowledge about the Safe Haven Law among a critical mass of both service providers and the general public.

The approach envisions a private/public collaborative that will develop a regionally consistent campaign with a prevention-oriented message regarding the Safe Haven Law. The collaborative group will oversee the campaign’s implementation and track its effectiveness. The mass-media campaign will coordinate with local and regional media outlets and County and community agencies, be consistent with the State’s effort, and incorporate the following elements:

- A target population that includes all women of childbearing age and people who interact with those women—families, friends, school personnel, service providers, law enforcement, staffs of community and faith-based organizations, etc.
- A clear and consistent message that is nonjudgmental and informative about the law and where and how to safely surrender an infant, and that emphasizes confidentiality
- A culturally sensitive approach delivered in, at a minimum, the Board-adopted threshold languages for Los Angeles County
- A regional focus conducted in collaboration with the counties adjoining Los Angeles County
- A multi-media approach that includes newspapers, magazines, television, radio, the Internet, billboards, buses and bus benches, and discreet posters, placards and take-away cards, etc., placed in strategic locations that include local outlets such as beauty salons, swap meets, grocery stores, community support programs, etc.

- A community-capacity-building approach that capitalizes on the resources of community agencies and service providers, faith-based organizations, public health and human services agencies, schools and colleges, parent-teacher organizations, etc.

The Task Force is requesting that the public/private collaborative assess the concept of a targeted message geared specifically for parents who are on the verge of abandoning their babies in trash bins or dumpsters. The message would provide information about the Safe Haven Law and where and how to safely surrender a baby, and give a confidential telephone number to call for more information. This information would be on stickers or placards placed strategically on trash bins or dumpsters.

By promoting a multifaceted public information campaign, the Task Force believes we can, over time, increase the general public's knowledge about the law and how and where to safely surrender a baby.

RECOMMENDATION 4: Instruct the Director of DCFS—in consultation with the directors of DHS, DMH, Fire, the Prop 10 Commission, and HASC—to develop a standardized training module to be used to educate staff and the families served by their agencies about the Safe Haven Law.

This standardized training module would include information on: (1) the location of Safe Haven sites; (2) available prevention and support programs; (3) the social, cultural, and psychological aspects of childbearing; (4) specific health and legal details for staff likely to receive safely surrendered babies; and (5) effective techniques for assisting women who may be concealing or denying their pregnancies.

The standardized training should have appropriate audio-video supports and handout materials for organizations to adapt so they will be culturally and linguistically effective. This curriculum should also be used to augment existing psycho-educational curricula in parenting classes, adult and teen support groups, and other early intervention/prevention programs that address such related issues as child abuse, teen pregnancy prevention, teen fathers, etc. It should be incorporated into all programs serving women of childbearing age and their families, and folded into the overall goal of having healthy births.

RECOMMENDATION 5: Instruct the directors of all County education, health, justice, mental health, and social service organizations, including the directors of their contracted agencies, to: (a) engage appropriate staff in discussions about the Safe Haven Law as part of their annual in-service staff education programs; (b) on an ongoing basis, engage women of childbearing age and their families in discussions about the Safe Haven Law, options for assuring the well-being of their babies, and support programs available to them; and (c) request that the directors of all community- and faith-based educational, health, mental health, and social service organizations engage their staffs and the families they serve in these same educational activities.

To fully support women and their families, providers who serve them must be knowledgeable about the psychosocial aspects of childbearing and options available to women in crisis. This is especially true when providers are serving women who are concealing or denying their pregnancies. Service providers need to proactively promote their programs and services for parents at risk and to utilize those service opportunities, whether one-on-one or in group situations, to inform parents about the Safe Haven Law and multiple options available to them, including safe surrendering.

This educational component, which would use the standardized training module referenced in Recommendation 4, is one important way to specifically reach women and families at risk, while simultaneously increasing the general public's knowledge of the Safe Haven Law.

Those who are most likely to need this information include Safe Site staffs; personnel in education, judicial, and security employment; emergency workers, including "911" dispatchers; health providers and their support personnel; and social and welfare workers.

RECOMMENDATION 6: Request the Acting Superintendent of LACOE to work with the State Superintendent of Instruction, State Board of Education, and the California State PTA to develop or augment curricula on healthy sexual development for middle- and high-school students, including information about pregnancy prevention and teen pregnancy; the Safe Haven Law; where and how to safely surrender a baby; related support programs; the social, cultural, and psychological factors influencing women's attitudes about pregnancy and childbirth, and the unique physical and psychosocial aspects of childbearing.

Educating all middle- and high-school students about options available to women who have unplanned pregnancies, including safe surrendering, is another way to reach teenagers who are at risk for abandoning their babies.

RECOMMENDATION 7: Instruct the Chief Information Officer to incorporate into the soon-to-be-operational Countywide Web Portal an Internet-accessible link with basic information about health, mental health, and social service organizations that provide prevention and intervention services to women and families at risk for abandoning their babies.

The Countywide Web Portal can provide community and County service providers, and all hotline and warm line staffs, with a readily available resource to obtain the information they need to help women and their families access services. To the maximum extent possible, this information should be made available by geographic location and linguistic/cultural capabilities, employing the County's current and future Geographic Information System (GIS) technology infrastructure and other Web-accessible services (Infoline, for example).

RECOMMENDATION 8: Instruct the directors of the County departments and agencies that fund or administer hotlines/warm lines, and request other organizations that administer hotlines/warm lines, to assure that these services provide information regarding the Safe Haven Law and support services available for women and families at risk for abandoning their infants, or who feel they are not able to keep or care for their babies.

Involving hotline and warm line staffs is an integral part of the public information effort. Since many women who are at risk wish to remain anonymous, these staffs are in unique and strategic positions to inform women about how to safely surrender their babies, and to help them to locate the medical and psychosocial support they need.

RECOMMENDATION 9: Request that ICAN—with input and support from its public and private members—the CPC, faith-based organizations, and the Prop 10 Commission establish a Speaker's Bureau to provide speakers who can make presentations to service providers and community groups about the Safe Haven Law and the support programs available for women and families at risk for abandoning their babies.

The Speaker's Bureau is another important support to the overall public information campaign. Volunteer speakers would use the standardized training module as a basis for their presentations, tailoring their speeches to the unique needs of various audiences, such as health, mental health, social service, educational, and philanthropic organizations. This is a relatively easy way to increase the general public's knowledge about the Safe Haven Law and the safe-surrendering process.

RECOMMENDATION 10: Instruct the Director of the Department of Human Resources, with support from the directors of all County departments and agencies, to inform all current and new County employees about the Safe Haven Law, its implementation in Los Angeles County, and where and how to safely surrender a baby.

Informing the County's more than 85,000 employees about the Safe Haven Law will help to increase the general public's knowledge of the safe-surrender option and will greatly facilitate the public information effort.

RECOMMENDATION 11: Instruct the Director of the Internal Services Department (ISD) and County Counsel, with the support of the Chief Administrative Office (CAO), to explore the feasibility of ensuring that all new and renewed County contracts stipulate that each staff person in that contract organization be provided with information about the Safe Haven Law, its implementation in Los Angeles County, and where and how to safely surrender a baby, and report back to the Board with an implementation plan, timeline, and cost considerations within 60 days.

Consistent with the justification for Recommendation 10, informing all County contract personnel about the Safe Haven Law will further the effort to increase the general public's knowledge of the Safe Haven Law and the safe-surrender option.

RECOMMENDATION 12: Request that ICAN—with the support of the Director of DCFS and input from the District Attorney's Office—and the directors of DHS and DMH identify a key set of data elements that will be collected regarding all newborns safely surrendered or abandoned in Los Angeles County, consistent with State instructions for data collection through the Child Welfare System/Case Management System, and report back to the Board with an implementation plan, timeline, and cost considerations for collecting these data within 60 days.

As detailed in *Data on Abandoned Newborns: Los Angeles County, 1999–2001*, the Department of Health Services' report to the Safe Haven Task Force, data on abandoned babies is not systematically collected and is therefore limited. This lack of information complicates efforts to design a more effective approach to implementing the Safe Haven Law, and also hinders any ability to assess the Law's effectiveness. This recommendation calls for the uniform collection and tracking of key data elements to evaluate the effectiveness of the various aspects of the multifaceted approach that has been proposed by the Task Force.

Attachment B
SAFE HAVEN TASK FORCE
MEMBERSHIP

The Children's Planning Council wishes to express its appreciation to the following individuals who contributed to the development of this report and its recommendations.

Safe Haven Task Force Members

Yolie Flores Aguilar (Co-Chair), Children's Planning Council
Cynthia Harding (Co-Chair), Los Angeles County Department of Health Services
Nancy Au, WRAP Family Services
Carol Berkowitz, Harbor/UCLA Medical Center
Pamela Booth, Los Angeles County District Attorney's Office
Teri Breuer, County Counsel, Los Angeles County
Blanca Castro, California Department of Social Services
Paul Castro, Jewish Family Service of Los Angeles
Dena Chwan, Perinatal Advisory Council—Leadership, Advocacy, and Consultation
(PAC LAC)
Rev. Kathy Cooper-Ledesma, California Council of Churches
Diana Dixon-Davis
Debi Faris, Garden of Angels—Safe Arms for Newborns
Al Fraijo, Los Angeles County Sheriff's Department
Eldyne Gray, Planned Parenthood
Kristina Hajjar, Los Angeles County Fire Department
Ed Haynes, Community Capacity Builders, Inc.
Susan Kaplan, Friends of the Family
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Attachment C
Data on Abandoned Newborns
Los Angeles County
1999-2001



Report to the
SAFE HAVEN FOR ABANDONED BABIES TASK FORCE

May 29, 2002

Executive Summary

This report was produced to provide information to the Safe Haven for Abandoned Newborns Task Force created by the Children's Planning Council. The purpose of the report is to 1) identify data sources on abandoned infants and their mothers; 2) present results from a review of the data; and 3) provide recommendations on future data collection needs.

Four sources of data were identified and reviewed for this report: 1) national surveys; 2) international data: qualitative data on child abandonment from a historical and psychological perspective; 3) data on abandoned infants in Los Angeles County; and 4) local data on women who were considered "at-risk" for abandoning their infants.

The following observations were made:

- The number of abandoned infants in the various data sources reflects only those that are discovered, confounding the ability to truly estimate the number of discarded infants.
- While each incident of child abandonment is a tragedy, the evidence available at this time indicates that this is a comparatively rare event. A total of 14 abandoned babies were reported in Los Angeles County in 2001.
- The relatively low incidence of abandonment and the uniqueness of circumstances surrounding each event, make data collection a substantial challenge in this area. Lack of uniform data and adequate tracking mechanisms make it difficult to determine if the incidence of baby abandonment has increased over time.
- There is little evidence that the infant or parents involved in these cases fit any generalizable "profile." Infant abandonment has been reported among women of all reproductive ages, among all racial/ethnic groups and across educational levels including students and professionals.
- While these parents or infants do not appear to fit a distinctive "risk profile," some common characteristics do appear across many of these cases including:
 - Denial and/or concealment of the pregnancy.
 - Lack of a support system for the mother, the mother's fear of the "system," and fear of the pregnancy being discovered put her at risk for infant abandonment.
 - Contrary to the strong association between the mother's substance abuse and the phenomenon of boarder babies and infant abandonment in the national data, very few cases reviewed in Los Angeles County involved a substance abuse problem.
 - Mothers of abandoned infants did not receive pre-natal care services.

Recommendations for future data collection activities include:

- Provide a mechanism for uniformly tracking infant abandonment in Los Angeles County. Ideally this system should record data on all abandoned infants who are

safely surrendered under the law, those who survive, and those who die. Due to the small number of cases, information collection should be integrated within an existing information system, rather than develop a separate or new dedicated information system.

- Collect data on both women who abandon their infants and those at risk for abandonment. Policy decisions and widespread preventive efforts must be based on a clearer picture of where we currently are with regard to this problem.
- Strive to respectfully understand cultural differences, and the role culture may play in increasing the risk for infant abandonment, as well as serving to protect against it.
- Gathering the data is only the first step. Understanding how the data can be used to develop and assess appropriate interventions to decrease the likelihood that any other children will be discarded, will require a prolonged, collaborative and multidisciplinary effort.

Introduction

SB 1368 (Brulte), the Newborn Abandonment Law, became effective January 1, 2001. Under this law, hospitals throughout California are required to accept physical custody of newborn infants, up to 72 hours old, who are voluntarily surrendered by a parent or other person with legal custody. The intent of the law is to encourage parents who would otherwise abandon their babies in unsafe environments to leave their newborns in as safe a manner as possible. It allows the parent to surrender the baby anonymously. There is no criminal prosecution for the parents who leave their newborns in this manner. Hospitals must designate staff to receive such newborns and prepare policies, procedures and forms to implement the requirements of the law.

On February 6, 2002, the Los Angeles County Board of Supervisors requested the Children's Planning Council (CPC), in consultation with the Inter-Agency Council on Child Abuse and Neglect (ICAN), the Commission of Children and Families, the Healthcare Association of Southern California, the Los Angeles County Children and Families First-Proposition 10 Commission, religious leaders, and other appropriate organizations, to submit recommendations on how to implement the Newborn Abandonment Law. A roster of the participants in the Safe Haven Task Force is listed in Attachment I. The Task Force was further instructed to develop recommendations that are focused on prevention strategies and work to achieve the goal of no baby ever being discarded in Los Angeles County.

On February 26, 2002, the Los Angeles County Board of Supervisors further requested that the Task Force include in the report: a) a list of existing related programs and recommendations on what role they should play; b) an analysis of what is known about women and girls who have abandoned or are considering abandonment of their newborns; and based on this knowledge, how to best reach them with programs to prevent abandonment and encourage prenatal care and safe delivery. In addition, the Board instructed the Director of Health Services, with the participation of the Directors of Mental Health and Children and Family Services, the District Attorney and ICAN to provide appropriate data and support to inform this analysis. As a result of this second Board motion, the Data Work Group of the Safe Haven Task Force was formed. Attachment II is a list of the participants in the Data Work Group. The Data Work Group met once on March 8, 2002 to discuss existing sources of data, methods for summarizing the data, and a timeline for producing this report.

Purpose of the Report

The purpose of this report is to:

- ⇒ Identify data sources on abandoned infants and their mothers
- ⇒ Present results from a review of the data
- ⇒ Provide recommendations on future data collection needs

Data Sources

Four sources of data were identified for this report: 1) national surveys; 2) international data: qualitative data on child abandonment from a historical and psychological perspective; 3) data on abandoned infants in Los Angeles County; and 4) local data on women who were considered "at-risk" for abandoning their infants.

National Surveys

Four national data surveys were reviewed. Table 1-Summary of National Surveys on Child Abandonment, provides a summary of these surveys, including information on the source, methods, cases, and major recommendations. These surveys referred to three different types of abandoned infants:

Boarder babies: Infants, under the age of 12 months, who remain in the hospital beyond the date of medical discharge. They may be eventually claimed by their families or abandoned and/or placed in alternative care.

Abandoned infants: Infants, under the age of 12 months, who have not yet been medically discharged but who are unlikely to leave the hospital in the custody of their biological parent(s). This includes infants whose parents are unwilling or unable to provide care and/or whom the child welfare agency determines cannot safely remain in the care of their biological parent(s).

Discarded infants: Infants, under the age of 12 months, who were found in a public place or other inappropriate place without anyone's care or supervision; and were a live birth or were found deceased and the cause of death appeared to be related to abandonment.

1. Expediting Permanency for Abandoned infants: Guidelines for State Policies and Procedures¹

This survey was a collaborative effort among three National Resource Centers, the National Abandoned Infants Assistance Resource Center, the National Resource Center on Foster Care & Permanency Planning and the National Child Welfare Resource Center on Legal and Judicial Issues. For the purpose of the report, the committee defined abandonment as:

"willful intent by words, actions or omissions not to return for a child, or failure to maintain a significant parental relationship with a child through visitation or communication in which incidental or token visits or communication are not considered significant."

Included in this definition were the less frequent cases of "discarded" infants.

Table I - Summary of National Surveys on Child Abandonment*

<u>Survey Source</u>	<u>Methods</u>	<u>Cases (n)</u>	<u>Major Findings/Recommendations/Limitations</u>																					
Expediting Permanency for Abandoned Infants: Guidelines for State Policies and Procedures (1998) ¹	Taskforce comprised of representatives from three National Resource Centers: The National Abandoned Infants Assistance, The National Resource Center on Foster Care and Permanency Planning and the National Child Welfare Resource Center on Legal and Judicial Issues at the American Bar Association Center on Children and the Law	1998 = 150	There was an increase in the number of babies being abandoned in hospitals, often due to cocaine or other drug use In the past couple of years, there has been an increased focus on the highly publicized though infrequent cases of "discarded" infants where the parent's identity or whereabouts is unknown. In 1998, the actual number of cases was estimated at 150 nationwide																					
Child Welfare League of America - Infant Abandonment Survey (Data gathered from 1997 to 2000) ²	Survey sent to public child welfare and law enforcement agencies in each of the 50 states; however, 73% of the surveys were not returned. The results reported are limited to those from the 27 responding child welfare agencies	1997= 33 1998= 32 1999= 29 2000= 24	The average number of baby abandonment instances in which the mother was identified by age: <table><tr><th colspan="4">Age Group</th></tr><tr><th>16-19</th><th>20-25</th><th>25-30</th><th>30-40</th></tr><tr><td>32</td><td>72</td><td>32</td><td>39</td></tr></table> The average number of baby abandonment instances in which the mother was identified by race/ethnicity for mothers was: <table><tr><th colspan="3">Race/Ethnicity</th></tr><tr><th>African Americans</th><th>Whites</th><th>Hispanic/Latino</th></tr><tr><td>102</td><td>62</td><td>22</td></tr></table> The predominant ethnic or racial group of mothers served was African American (59%) The mean age of the mothers was 27 years with a range of 21 to 34 years Nearly one out of every ten mothers served was either homeless (9%) or incarcerated (1%). Additional 3 percent were in residential drug treatment programs. Almost two thirds (62%) of the mothers were receiving AFDC at the time of program intake.	Age Group				16-19	20-25	25-30	30-40	32	72	32	39	Race/Ethnicity			African Americans	Whites	Hispanic/Latino	102	62	22
Age Group																								
16-19	20-25	25-30	30-40																					
32	72	32	39																					
Race/Ethnicity																								
African Americans	Whites	Hispanic/Latino																						
102	62	22																						
Report to the Congress: Effective Care Methods for Responding to the Needs of Abandoned Infants and Young Children Prepared by the National Abandoned Infants Assistance Resource Center (Data gathered in May 1992) ³	Descriptive data collected by the projects were consolidated and in-depth telephone interviews exploring effective practices were conducted with program staff.	2,293 infants/ children 1,923 adults contacted																						

Table I Summary of National Surveys on Child Abandonment* (cont.)

<u>Survey Source</u>	<u>Methods</u>	<u>Cases (n)</u>	<u>Major Findings/Recommendations/Limitations</u>
1998 National Estimates of the Number of Boarder Babies, Abandoned Infants, and Discarded Infants ⁴	The study estimates the number of boarder babies nationwide. A similar study was conducted in 1991. Both studies asked State child welfare agencies to identify jurisdictions that might have had boarder babies. Discarded infants were identified through a Lexis-Nexis news database search. Some cases garnered considerable attention and as such, attention was paid to avoid duplicating counts.	1992 = 65** 1997 = 105**	<p>The median of the reported mean annual income for the AIA families was \$6,897</p> <p>Almost half (48%) of the pregnant AIA clients received either late (second or third trimester) or no prenatal care. The majority (64%) exhibited evidence of drug or alcohol use during pregnancy. One-quarter of the target infants were born prematurely.</p> <p>64% of the biological mothers were identified as current crack/cocaine users. Alcohol is the second most frequently reported drug of choice (38%). Most of the clients (80%) were reported as using more than one substance.</p> <p>Although the numbers of discarded infants rose 62% from 1992 to 1997, they represent less than one percent of either the boarder baby or abandoned infant populations identified in the 1998 study</p> <p>Nationwide, in 1992, 57 discarded infants were found alive while 8 infants were found dead. In 1997, 72 abandoned infants were found alive while 33 were found dead.</p> <p>For each discarded infant identified in 1997, there were 128 boarder babies and 166 abandoned infants</p>

* Baby abandonment cases are categorized by the U.S. Department of Health and Human Services Children's Bureau as:

Boarder babies: Infants, under the age of 12 months, who remain in the hospital beyond the date of medical discharge. They may be eventually claimed by their families or abandoned and/or placed in alternative care.

Abandoned infants: Infants, under the age of 12 months, who have not yet been medically discharged but who are unlikely to leave the hospital in the custody of their biological parent(s). This includes infants whose parents are unwilling or unable to provide care and/or who the child welfare agency determines cannot safely remain in the care of their biological parent(s)

Discarded infants: Infants, under the age of 12 months, who were found in a public place or other inappropriate place without anyone's care or supervision; and were a live birth or were found deceased and the cause of death appeared to be related to abandonment.

**Lexis-Nexis news database

The report found that:

- Beginning in the early 80's, there was an increase in the number of babies being abandoned in hospitals, often due to cocaine or other drug use.
- More recently there has been an increased focus on the highly publicized though infrequent cases of "discarded" infants where the parent's identity or whereabouts is unknown. In 1998, the actual number of cases was estimated at 150 nationwide.

2. **Child Welfare League of America Infant Abandonment Survey²**

The Child Welfare League of America Infant Abandonment Survey defined baby abandonment as:

"discarding or leaving alone for an extended period of time an infant under the age of 12 months in a public or private setting with the intent to relinquish care of, or responsibility for, the infant."

The survey was sent to public child welfare and law enforcement agencies for the years 1997 to 2000. The survey results showed that:

- The response rate was low, only 27%, 12 out of 94 surveys mailed nationwide to law enforcement were returned. Only 27 out of 50 surveys mailed to state child welfare agencies were returned.
- The average number of abandoned infants less than 12 months old found per year was 33 in 1997, 32 in 1998, 29 in 1999 and 24 in 2000.
- Only 13 of the 27 states that responded collected information on infant abandonment. Of those that did collect information, 82% collected it through telephone or written surveys, while the remainder used manual counts. No states were using automated systems.
- This study indicated that where the mother was identified, there was an over-representation of African American mothers and an over-representation of the 20-25 age group.
- The findings for this study need to be reviewed cautiously given the limited number of responses. The results may be more indicative of the states that responded rather than any national trend.

3. **Report to the Congress: Effective Care Methods for Responding to the Needs of Abandoned Infants and Young Children³**

This report summarized data from 24 comprehensive service demonstration projects providing services to boarder babies and abandoned infants.

- The predominant ethnic or racial group of mothers served was African-American (59%). The mean age of the mothers was 27 years with a range of 21 to 34 years. The average age of the target child was 6.5 months.
- Nearly one out of every ten mothers served was either homeless (9%) or incarcerated (1%). 3% were in residential drug treatment programs. Half were living with family or friends.
- Almost two thirds (62%) of the mothers were receiving AFDC at the time of program intake. The median of the reported mean annual income for the Abandoned Infants Assistance (AIA) families was \$6,897.
- Almost half (48%) of the pregnant AIA clients received either late (second or third trimester) or no prenatal care. The majority (64%) exhibited evidence of drug or alcohol use during pregnancy. One-quarter of the target infants were born prematurely.
- 64% of the biological mothers were identified as current crack/cocaine users. 38% reported alcohol use. Most of the clients (80%) were reported as using more than one substance.

4. 1998 National Estimates of the Number of Boarder Babies, Abandoned Infants and Discarded Infants⁴

This study was done in 1998, comparing data from 1992 to 1997, on boarder babies, abandoned and discarded infants. In order to understand the extent of the boarder baby and abandoned infant phenomenon, child welfare agencies in all 50 states and the District of Columbia were asked to identify any counties or cities in their state that were experiencing a boarder baby or abandoned infant problem. Discarded babies were identified through a Lexis-Nexis database search for the periods of November 12, 1991 to November 11, 1992, and November 12, 1996 to November 11, 1997.

- Although the number of discarded infants rose 62% from 1991 to 1998, it is still a very rare event. Discarded infants make up less than one percent of either the boarder baby or abandoned infant populations identified in 1998.
- Nationwide, in 1992, 57 discarded infants were found alive while 8 infants were found dead. In 1997, 72 discarded infants were found alive while 33 were found dead.
- For each discarded infant identified in 1997, there were 128 boarder babies and 166 abandoned infants.

Discussion of National Surveys:

It is difficult to determine how many babies are discarded each year in the United States. The review of these four surveys suggests that the discarded infant population is small.

The surveys were limited in scope and the numbers reported in each survey were very small. In most cases, due to the small numbers, the results cannot be interpreted as reflecting national statistics. The results are at best descriptive. The Federal government does not have a formal data gathering process for specific information on infant abandonment, and states are not uniformly collecting and maintaining data⁵. This makes it difficult to determine trends. In addition, it is highly likely that many discarded infants are never found. While we are more likely to know the true figure on boarder babies and abandoned babies, the true figure for discarded infants is difficult to estimate.

International Data - Qualitative Perspective

An extensive Medline search was done to identify other data sources or articles that could provide qualitative data on infant abandonment. As a result, two international studies were reviewed. The first study was done in Belgium (Burnstein)⁶ in 1972, on social aspects of physical infant abandonment. The study categorized three types of abandoning mothers:

- 1) Mother found herself pregnant and is left by the father
- 2) Mothers who have difficulty accepting responsibility
- 3) Married women who abandon their babies born from extramarital affairs

The second study was done in France (Bonnet 1993)⁷ and used psychoanalytic methods to conduct multiple interviews with 22 women. The interviews took place after the woman had discovered her pregnancy and that it was too late to have an abortion, or immediately post-partum. The participants ranged in age from under 18 years to over 35 years of age. Marital status among the women varied according to age; 13 were single and living with their parents, 6 were married or living with someone, 2 were divorced. Sixteen of the participants had never been pregnant before, 6 already had other children. Professional status was also a function of age; 11 were high school or college students, and 11 were professionals from all walks of life. The study noted that in France infant abandonment is rarely motivated by economic hardship.

The French study further described and documented the psychological factors involved in infant abandonment. Most women were in denial of their pregnancy. Among the women who had not been pregnant before, there was denial of their procreative potential. Among the women who already had children, their emotional state regarding this pregnancy had to do more with a change in their relationship with their partner. Fantasies of violence towards the unborn child were manifested by most of the women. These fantasies of wanting to damage or kill the fetus lead to guilt and isolation of the mother. A few of the pregnancies resulted from sexual abuse by a close relative or rape by a stranger. In these cases the need to conceal their pregnancy was even more intense. Most of the women did not seek prenatal care because of their fear of admitting they were pregnant. Labor took them by surprise and they often arrived at the hospitals to deliver in a state of emergency. Two of the women were in such extreme denial that the labor and delivery took them by surprise, and they did not recognize the newborn as a baby. These cases both resulted in infanticide.

Lastly, this study concludes with the following recommendations to professionals who may deal with women at risk for abandonment:

- Receive and listen to a distressed pregnant woman without passing judgement.
- Multidisciplinary assistance should be provided to women who have abandoned their babies or are at risk for abandonment, including a psychosocial, medical and legal help.

Los Angeles County Data

In order to review local data on infants abandoned in Los Angeles County, the following definition was used:

Babies less than 72 hours old, who were found in a public place or other inappropriate place, without anyone's care or supervision; and were a live birth or were found deceased, where the cause of death appeared to be related to abandonment.

Two agencies were consulted to obtain information on abandoned babies in Los Angeles County: the Inter-Agency Council on Child Abuse and Neglect (ICAN), and the Department of Children and Family Services (DCFS). A third agency, Project Cuddle, Inc., a 501(C)(3) non-profit organization based in Orange County, provided data on women at-risk for infant abandonment, from Los Angeles County, who called their 24-hour help-line. Demographic and other data were reviewed for both data sets separately. Key highlights in the data are summarized below.

1. Inter-Agency Council on Child Abuse and Neglect (ICAN)

ICAN obtains data on abandoned infants from the Los Angeles County Coroner's Office. The Coroner's Office provides ICAN with information on deaths of all children (age 17 and under) with which it has been involved. The Coroner is involved with all suspicious or violent deaths and those in which a physician did not see the decedent in the 20 days prior to the death. The Coroner's office is also involved with deaths for which a doctor refuses to sign a death certificate.

ICAN screened data received from the Coroner for the period January 1999 through February 2002 and identified twenty-two cases of abandoned newborn fatalities. One of the cases for 2001 included a five-day old infant. While this does not fit the definition of babies less than 72 hours old, it was still included, because of the profile of the mother. For all the ICAN cases, more detailed Coroner reports were obtained and reviewed to gather information specifically useful to the Task Force, and, in many cases, supplemental calls to law enforcement and/or the District Attorney's Office were made. In addition, for those cases that had been reviewed by ICAN's Child Death Review Team, information provided by Team members (e.g., Coroner, law enforcement, Department of Health Services, District Attorney) was incorporated. Finally, Pam Booth of the District Attorney's Office reviewed the data ICAN had compiled and provided additional case-specific information from District Attorney or Court records.

2. Department of Children and Family Services (DCFS)

While ICAN captures data on the infants who are abandoned and die, DCFS captures data on infants who are abandoned and survive. Infant abandonment is captured through the serious incident review process. When an infant is abandoned or safely surrendered, a serious incident report is made. These reports are kept manually. Data were only available for 2001. Due to classification differences in the serious incident reports, no data from prior years could be obtained. The cases identified were cross-checked with the ICAN data to avoid duplicate counting. This resulted in an additional 3 cases submitted for review for 2001.

Table 2 presents annual infant abandonment cases from DCFS and ICAN since 1997:

**Table 2 Abandoned Infant Data 1997-2002
Los Angeles County**

Program	1997	1998	1999	2000	2001	2002
ICAN	—	—	6	3	11	2
DCFS	—	—	—	—	3	—

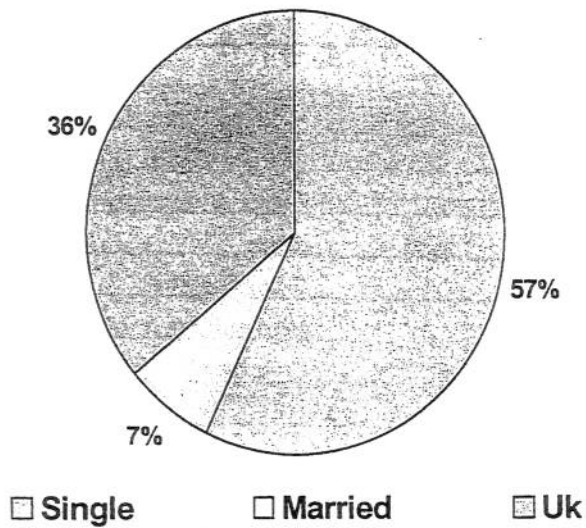
Discussion of Data on Abandoned Infants in Los Angeles County

While data were available from the ICAN dataset for 1999-2002, the data from DCFS were only for 2001. This limited our ability to look at a change in the numbers of infants who were discarded and retrieved in Los Angeles County across more than one year. A total of 14 cases of infants who were abandoned (ICAN-DCFS) in Los Angeles County in 2001 were reviewed. The identity of the mother was unknown on 4 of the 14 cases (29%). Data regarding these 14 cases is summarized in Table 3 (pg. 11).

- The age range for the mothers was 14 to 28 years. The mean was 22.1 years.
- Among the cases where the race/ethnicity of the mother was known, 6 were Hispanic, 2 were white, and one was African-American.
- The majority of women were single (Figure 1 – Marital Status).
- 6 (43%) of the women had another child.
- The more commonly observed family living structures were: 1) living with parents; 2) living with the father of the baby, and; 3) living with another relative.
- One of the mothers was employed in a professional occupation, 4 were students employed in other fields, 2 were students and one was unemployed.
- In 5 of 7 cases the pregnancies were unplanned (Figure 2 – Pregnancy Factors). Other factors impacting the woman's pregnancy included having an affair and rape.
- Pregnancy concealment, or keeping the pregnancy a secret, was confirmed in all 9 of the cases where the identity of the mother was known. In the 5 pregnancies where the reason for concealing the pregnancy was known, being "afraid of family/mother," "not wanting another baby," and "couldn't care for another child," were the reasons reported to explain concealment of the pregnancy.
- In 3 of the cases the mothers either admitted, or were known to have, a substance abuse problem.

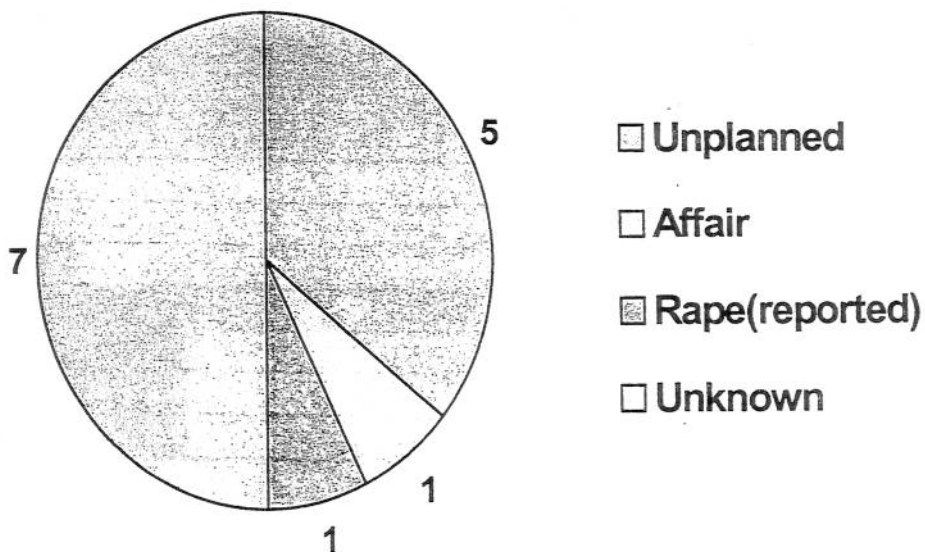
- Only one of the three identified respondents for whom information was available reported having knowledge of the Safe Haven Law.

**Figure 1 Marital Status
Los Angeles County 2001**



Data Source: Department of Children and Family Services, 2001
Inter-Agency Council on Child Abuse and Neglect, 2001

**Figure 2 Pregnancy Factors
Los Angeles County 2001**



Data Source: Department of Children and Family Services, 2001
Inter-Agency Council on Child Abuse and Neglect, 2001

Table 3 – Data on Abandoned Infants, Los Angeles County, 2001

Abandoned Infants (N=14)									
Maternal Characteristics									
Age Range:		14-28	Mean Age (in years)			22.1			
Race:	#	%	Marital	#	%	Employed	#	%	
African American	1	7.1	Single	8	57.1	Yes -	1	7.1	
Hispanic	6	42.9	Married	1	7.1	Yes - Other	4	28.6	
White	2	14.3	Unknown	5	35.7	Student	2	14.3	
Unknown	5	35.7				Unemployed	1	7.1	
						Unknown	6	42.9	
Family Structure:		#	%	Father's Involvement		#	%		
Living w/ parents		7	50.0	None		3	21.4		
Living with Husband & child		1	7.1	Some/Minimal		1	7.1		
Living w/ other relative		1	7.1	Married/Living together		1	7.1		
Unknown		5	35.7	Unknown		9	64.3		
Other children?	#	%	Pregnancy	#	%	Denial of	#	%	
Yes	6	42.9	Unplanned	5	35.7	Yes	0	0.0	
No	3	21.4	Affair	1	7.1	No	8	57.1	
Unknown	5	35.7	Rape	1	7.1	Unknown	6	42.9	
			Unknown	7	50.0				
Concealment	#	%	Reason for Concealment:			Substance	#	%	
Yes	9	64.3	Afraid of Family/Mom			Yes	3	21.4	
			Don't want another baby			No	6	42.9	
			Couldn't care for child			Unknown	5	35.7	
			Unknown						
No	0	0.0							
Unknown	5	35.7							
Domestic Violence:	#	%	Knowledge of Safe Haven Law?	#	%	Infant Status	#	%	
Yes	0	0.0	Yes	1	7.1	Alive	3	21.4	
No	7	50.0	No	2	14.3	Deceased	11	78.6	
Unknown	7	50.0	Unknown	11	78.6				
Case outcome		#	%						
Adoption		3	21.4						
Murder Charges		7	50.0						
Mother unidentified		4	28.6						

3. Project Cuddle, Inc.

Project Cuddle, Inc., a 501(C)(3) non-profit organization based in Orange County, provides a 24-hour toll-free crisis hotline to assist women nationwide at risk for abandoning their babies. Since July of 1996, Project Cuddle has rescued 380 babies from abandonment. Table 4 presents a summary by year of the thirty-six cases that were reported for Los Angeles County from 1997 to 2002.

**Table 4 Project Cuddle Data
Los Angeles County 1997-2001**

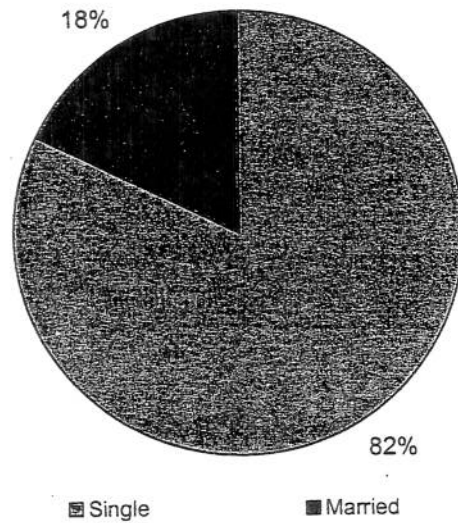
Year	1997	1998	1999	2000	2001	2002
Cases	1	6	10	8	10	1

Discussion of Project Cuddle Data for Los Angeles County

The Project Cuddle data were reviewed for 1999 through 2001. A total of 28 cases were reviewed (Table 5, pg. 14). The Project Cuddle data is a select sample. It represents women who knew about the existence of Project Cuddle and were willing to seek assistance from a telephone hotline. It should not be construed as a representative sample of women who are likely to abandon their babies.

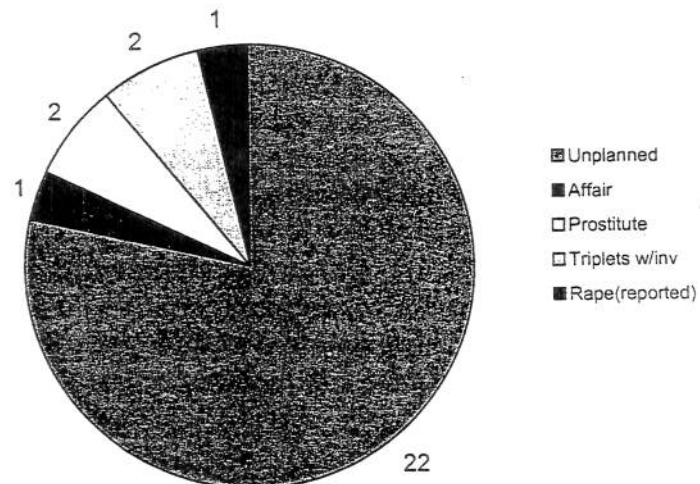
- The age range for the Project Cuddle mothers was 15 to 38 years.
- 6 of the cases were Hispanic, 4 were African American, 4 were White, 2 were Asian/Pacific Islander, and 10 were mixed race or other.
- The majority of women (82%) were single (Figure 3- Marital Status).
- 13 cases (46%) had other children living with them.
- The more commonly observed family living structures were 1) living alone; 2) living with parents, and 3) living with the father of the baby.
- In 22 (79%) of the Project Cuddle cases, the pregnancies were unplanned (Figure 4 – Pregnancy Factors). Two respondents stated that they had become pregnant through prostitution.
- 19 out of 28 (68%) of the Project Cuddle cases reflected an attempt to conceal their pregnancies. Fear of the “system” and “being afraid of family/mother” were the two primary reasons reported to explain concealment of their pregnancies.
- In 5 of the 28 (18%) Project Cuddle cases the mothers either admitted or were known to have a substance abuse problem.
- 5 out of 28 (18%) Project Cuddle cases reported domestic violence. The relatively small number of women who reported domestic violence may be due to the essential lack of involvement of respondents with the fathers. Furthermore, mothers may not have reported domestic violence even in its presence. Partners of Project Cuddle women were either uninvolved, had waived their rights, or were under restraining order.
- Beginning in 2001, awareness of the Safe Haven Legislation by the respondents in the Project Cuddle data was 80% (8 out of 10).

Figure3 Marital Status
Los Angeles County 1999-2001



Data Source: Project Cuddle, Inc., 1999-2001

Figure 4 Pregnancy Status
Los Angeles County 1999-2001



Data Source: Project Cuddle, Inc., 1999-2001

Table 5 - Los Angeles County, 1999- 2001

Pregnant Women requesting assistance from Project Cuddle (N=28)

Maternal Characteristics												
Age Range:			15-38		Mean Age (in years)			23.5				
Race:	#	%	Marital Status:	#	%	Employed	#	%				
African American	4	14.3	Single	23	82.1	Yes	8	28.6				
Hispanic	6	21.4	Married	5	17.9	No	18	64.3				
White	4	14.3				Prostitution	2	7.1				
Asian	2	7.1										
Other/Mixed	12	42.9										
Family Structure:			#	%	Father's Involvement		#	%				
Living w/ parents			5	17.9	None		24	85.7				
Living w/father of baby			4	14.3	Signed off rights		3	10.7				
Living with Husband & child			1	3.6	Restraining Order		1	3.6				
Living alone			6	21.4								
Self & Child			2	7.1								
Homeless/Living in Car			3	10.7								
Other			7	25.0								
Other children?	#	%	Pregnancy Factors:	#	%	Denial of Pregnancy	#	%				
Yes	13	46.4	Unplanned	22	78.6	Yes	8	28.6				
No	15	53.6	Prostitute	2	7.1	No	20	71.4				
			Rape (reported)	1	3.6							
			Other	3	10.7							
Concealment of Pregnancy			#	%								
					Reason for Concealment		#	%				
					Afraid of System		8	28.6				
					Afraid of Family/Mom		7	25.0				
					Parents Abandoned		2	7.1				
					Abusive Husband		1	3.6				
					Only wants son		2	7.1				
					Mentally unstable		2	7.1				
Yes	19	67.9			Other		6	21.4				
No	9	32.1										
Substance Abuse	#	%	Domestic Violence:	#	%	Knowledge of Safe Haven Law?	#	%	Case Outcome	#	%	
Yes	5	17.9	Yes	5	17.9	Yes	8	28.6	Kept	14	50.0	
No	23	82.1	No	23	82.1	No	2	7.1	Adoption	11	39.3	
						Not asked prior to 2001	18	64.3	Foster care	2	7.1	
										Guardian ship	1	3.6

Table 6 provides a breakdown of the data describing how women found out about the existence of the Project Cuddle Hotline. Television was the most common source. Debbe Magnusen, founder and Executive Director of Project Cuddle, has appeared on daytime television shows such as Ricki Lake, Geraldo, Montel Williams, The View, Liza, The Oprah Winfrey Show and others. Other information referral sources included friends, counselors, pastors, board members and obstetricians

**Table 6 Project Cuddle Reference Source Data
Los Angeles County 1997-2002**

Reference source	Total	Percent
Television	17	48.6%
Personal referrals*	12	34.3%
Written advertisements**	5	14.3%
Other pregnancy intervention agency	1	2.8%

*Friends, counselors, pastor, Board member, relative, obstetrician

**Phone book, flyer, newspaper

Summary

In summary, infant abandonment in Los Angeles County, as in the nation, is a rare occurrence. Longitudinal data are insufficient to determine trends in Los Angeles County or to conclude whether the incidence is increasing since passage of the Safe Haven Law. Similarly, numbers of cases in any one-year are insufficient to draw significant conclusions or to generalize results to the County's population. In addition, little is known about parents who abandon or discard their babies.

The following can be observed from international, national and local data regarding infant abandonment:

- The number of discarded infants in the various data sources reflect only those who are discovered, confounding the ability to truly estimate the number of discarded infants.
- The overall rarity of events of abandonment and the unique characteristics of each event make it difficult to identify patterns in the available data.
- Lack of uniform data and adequate tracking mechanisms make it difficult to determine if the incidence of baby abandonment has increased over time.
- There is little evidence that the infants or parents involved in these cases fit any generalizable "profile." Infant abandonment has been reported among women of all reproductive ages, among all racial/ethnic groups and all socio-economic groups, .;
- While these parents or infants do not appear to fit a distinctive "risk profile," some common characteristics do appear across many of these cases including:
 - Denial and/or concealment of the pregnancy.
 - Lack of a support system for the mother, fear of the "system," and fear of the pregnancy being discovered put the woman at risk for infant abandonment.

- Contrary to the strong association of the mother's substance abuse and the phenomenon of boarder babies and infant abandonment in the national data, very few cases reviewed in Los Angeles County had a substance abuse problem.
- Mothers of abandoned infants did not receive pre-natal care services.

Recommendations for future data collection

The unique circumstances surrounding each incidence of infant abandonment and the relative rarity of these events will make consistent data collection an on-going challenge. The lack of a system to capture data on infant abandonment makes it difficult to determine whether efforts directed at prevention are having an effect. The California State Department of Public Social Services has outlined steps for all counties to take to record data on infants who are safely surrendered in the CWS/CMS computer system. While this may provide one mechanism for uniformly tracking infant abandonment in California, the small number of cases would seem to dictate that information collection should be integrated within the existing CWS/CMS system, rather than develop a separate or new dedicated information system.

Our data on abandoned infants that represent multiple Los Angeles County sources are available for only one year, 2001. Therefore we cannot determine whether the phenomenon of infant abandonment is increasing. Future data should be collected both on women who abandon their infants and those at risk for abandonment. Policy decisions and widespread preventive efforts must be based on a clearer picture of where we currently are with regard to this problem. Similarly, without a better and more uniform data collection system, these efforts cannot be evaluated for their effectiveness.

Due to the rarity of these events, the unique circumstances of each event and the paucity of available data, it was not possible to examine cultural factors that could likely have an impact on infant abandonment. For preventive strategies to be effective, cultural norms and practices need to be reviewed and recognized. Future data collection should strive to respectfully understand cultural differences, and the role culture may play in increasing the risk for infant abandonment, as well as serving to protect against it.

However, any effort to improve data collection on infant abandonment must acknowledge the limitations inherent in trying to understand such rare and complex social phenomena, and must be designed to accommodate the challenges of confronting these complex sets of circumstances. In order to eliminate infant abandonment, policy makers, program managers and others, must recognize that emphasis will have to be on broadly targeted preventive services and educational efforts rather than narrowly targeted efforts on any defined population.

The Data Work Group of the Safe Haven for Abandoned Newborns Task Force brought together a multi-disciplinary team to review the data on infant abandonment. Representatives included staff from the Department of Health Services, the Department of Children and Family Services, the Department of Mental Health, the Los Angeles County Office of Education, the Inter-Agency Council on Child Abuse and Neglect, the District Attorney's Office, and Project Cuddle. A dialogue was initiated to elucidate the

gaps and challenges that must be addressed in collecting and analyzing data on infant abandonment. Gathering the data is only the first step. Understanding how the data can be used to develop and assess appropriate interventions, to decrease the likelihood that any other children will be discarded, will require a prolonged, collaborative and multidisciplinary effort.

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